



# Recurring Credit Card Donation Form

**READ THIS FIRST – Directions for filling out and returning this form:**

**1** • Fill out this form **online** • **Sign** and date it • **Print it out**

**2** **Fax to** 212-870-3109 **OR Mail to** Columbia University Gift Systems  
475 Riverside Drive, 19th Floor, MC 7724  
New York, NY 10115

Questions? Call 866-GIFTSYS (866-443-8797) or email [giftsys@columbia.edu](mailto:giftsys@columbia.edu)

**DO NOT RETURN THIS FORM VIA E-MAIL**

## CONTACT INFO

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

School \_\_\_\_\_ Graduation year \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State  Billing Zip \_\_\_\_\_

Country

E-mail address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

## CONTRIBUTION INFORMATION

How frequently would you like to donate?

How much would you like to donate each time \_\_\_\_\_

When do you want the donations to start?  End date?

Pledge total \_\_\_\_\_

## PAYMENT INFORMATION

Credit card \_\_\_\_\_ Expiration date

Type of card:

Cardholder's name (if different from donor's name) \_\_\_\_\_

## DONATION PREFERENCE

Gift purpose \_\_\_\_\_

Matching gift \_\_\_\_\_

IMPORTANT: Please read and sign the following: I (we) hereby authorize Columbia University to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account each month. This authority is to remain in full force and effect until my pledge is fulfilled or until revoked by me (us) in writing. Your monthly statements(s) will read Columbia University. Payments commence immediately upon processing of this form by Columbia University. Pledge payments are tax-deductible to the fullest extent of the law. I have read and understand the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Columbia gift systems use only:	Entity # _____	Allocation # _____
	Appeal Code: _____	Pledge# _____